

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-014563

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 72Primary Registration District No. 3013 Registrar's No. 69

FILED APR 24 1962

1. PLACE OF DEATH

a. COUNTY

CLAY

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR TOWN

NORTH KANSAS CITY 15 YEARS →

c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR INSTITUTION

D.K.C. MEMORIAL Hosp

Length of stay in lb.

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE

Mo.

b. COUNTY

CLAY

c. CITY
OR TOWN

NORTH KANSAS CITY

Inside Limits

Yes ☒ No ☐d. STREET
ADDRESS

1331 ERIE ST.

Reside on Farm

Yes ☐ No ☒3. NAME OF DECEASED
(Type or print)

First

Middle

Last

JOHN SCOTT DAVIS

4. DATE
OF DEATH

Month

Day

Year

APRIL 13-1962

5. SEX

MALE

6. COLOR OR RACE

CAUC.

7. Married ☒ Never Married ☐Widowed ☐ Divorced ☐

8. DATE OF BIRTH

7-3-1893

9. AGE (last birthday)

68

IF UNDER 1 YEAR

Months

Days

IF UNDER 24 HR

Hours

Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

RETIRED

10b. KIND OF BUSINESS OR INDUSTRY

VETS. Co.

11. BIRTHPLACE (City and state or country)

Stillwell, OKLA.

12. CITIZEN OF WHAT COUNTRY

U.S.A.

13a. FATHER'S NAME

Joseph L. Davis

13b. MOTHER'S MAIDEN NAME

Ruth Ann Giber

14. NAME OF HUSBAND OR WIFE

LORRAINE DAVIS

15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, no, or unknown) (If yes, give war or dates of service)

No

16. SOCIAL SECURITY NO.

17. INFORMANT

MRS LORRAINE DAVIS

Address

1331 ERIE

N.K.C. MO.

18. CAUSE OF DEATH (Enter only one cause per line
PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Ventricular tachycardia to fibrillation

INTERVAL BETWEEN
ONSET AND DEATH

Sudden

Conditions, if any,
which gave rise to
above cause (a),
stating the under-
lying cause last.

DUE TO (b)

Atherosclerotic heart disease coronary artery disease

3 weeks

DUE TO (c)

Coronary atherosclerosis

2-3 years

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal
disease condition given in PART I (a)

Ventricular Arrhythmia

PART III. If deceased was female was
there a pregnancy in last 90 days.☐ Yes ☒ No ☐ Unknown19. WAS AUTOPSY
PERFORMED?
YES ☒ NO ☐

20a. ACCIDENT

SUICIDE

HOMICIDE

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF
INJURYHour
a.m.
p.m.

Month, Day, Year

20d. INJURY OCCURRED
WHILE AT WORK ☐
NOT WHILE AT WORK ☒20e. PLACE OF INJURY (e.g., in or about home,
farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from April 13, 1962 to April 13, 1962 and last saw him alive on April 13, 1962
Death occurred at 8:20 P. m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

S. Comer Bates, M.D.

22b. ADDRESS

2730 South Mall
Kansas City 19, Missouri

22c. DATE SIGNED

4/16/62

23a. BURIAL, CREMATION,
REMOVAL (Specify)

BURIAL

23b. DATE

4-17-1962

23c. NAME OF CEMETERY OR CREMATORY

GREEN LAWN

23d. LOCATION (City, town, or county)

Kansas City Mo.

24. FUNERAL DIRECTOR

ADDRESS

D.W. NEWCOMERS SONS MO

25. DATE RECD. BY LOCAL REG.

4-17-62

26. REGISTRAR'S SIGNATURE

M. J. McGuire

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK
OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

SHOULD READ

INSTEAD OF

DATE AMENDED

BY AFFIDAVIT OF

DOCUMENT

MEDICAL CERTIFICATION

VS 300
Rev. 4/59
6004
26004
3
4 0
5 1
6
7 1
8 1
94201
10
11
126-0
132-0

2962 \$ MAY 24

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed John V. Hancock
Licensed Embalmer No. 4848
P. O. Address B. C. 171, Penn.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.

Dr. B. B. B. B.